

EXHIBIT 1

EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Texas Workforce Commission Civil Rights Division

Please return this form by:

Mail: 101 East 15th Street, Guadalupe CRD, Austin, TX 78778-0001

Email: EEOIntake@twc.state.tx.us

Telephone: (888) 452-4778 or

Fax: (512) 482-8465 (Please include a cover sheet with your name and the total # of pages)

TWCCRD# _____

EEOC# _____

Please indicate if you have previously filed this complaint with any of the agencies below:

- ☐ Texas Workforce Commission Civil Rights Division (TWCCRD)
☐ Equal Employment Opportunity Commission (EEOC)
☐ City of Austin Equal Employment and Fair Housing Office
☐ Corpus Christi Human Relations Division
☐ Fort Worth Human Relations Department

DATE RECEIVED (For Office Use Only):

Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call us at (888) 452-4778. (Ofrecemos asistencia en Español)

Complainant Full Name:

Twyla Lynn Sandolph

Address Line 1: 1516 Gurley Ln.

Address Line 2: # 5103

City/State/Zip: Waco, Tx. 76706

Home Phone #: (254) 761-0305

Other Phone #: tsandolph3@gmail.com

Email: tsandolph3@gmail.com

Preferred Form of Contact: (Please check)

☒ E-mail ☐ Telephone

Date Hired: 3/20/17 Position held: Driver

Still employed? ☒ Yes ☐ No

Name of Employer (Please be sure to give the complete Company name and address where you physically worked)

Martin Marietta

Company Address

Address Line 1: 7901 Fish Pond Rd.

Address Line 2:

City/State/Zip: Waco, Tx. 76710

Phone #: (254) 772-9992

BASIS: I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 1) and federal law (ADEA, GINA, Title VII, ADAAA), as follows:

☐ Age (You must be 40 years of age or older to qualify):

Date of Birth: / /

Month/day/year

Age at time of incident: /

Complainant Representative (Optional): (If you are represented by an attorney, please have them submit a letter of representation):

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #:

Fax #:

HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:

15 or more employees:

☒ Yes ☐ No

Company Officer Address

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #:

Color (Based on skin color):

☐ Black

☐ Brown

☐ White

☐ Other:

Disability:

☐ Disabled

☐ History of disability

☐ Regarded as disabled

(Pregnancy is NOT a disability unless you are regarded as disabled.)

Please mark only the basis you believe were the reasons you were discriminated.

☐ GINA (Genetic Information Non-discrimination Act)

National Origin:

☐ African-American

☐ Anglo/Caucasian

☐ East Indian

☐ Hispanic

☐ Mexican

☐ Other:

Race:

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Black

☐ White

☐ Other:

EXAMPLE: If your treatment as because of your race, then check only the box by your race.

Religion:

☐ Baptist

☐ Catholic

☐ Jewish

☐ Muslim

☐ Other:

Retaliation:

☐ Assisted another filing discrimination

☒ Filed a complaint of discrimination

☐ Participated in discrimination investigation.

ON THIS DATE: / /

Month/day/year

Sex:

☒ Female

☐ Female/Pregnancy

☐ Male

Gender discrimination

PLAINTIFF'S EXHIBIT



☐ Layoff (L1)
☐ Promotion (P3)
☐ Reasonable Accommodation (R6)
☐ Severance Pay (B5)
☒ Sexual Harassment (S4)

☒ Suspension (S5)
☐ Terms & Conditions (T2)
☐ Training (T4)
☐ Wages (W1)
☐ Other:

The following questions are regarding the employment harms or actions taken against you.
(Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)

DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)

Earliest (Month/Day/Year)

6 / / 2017

Latest (Month/Day/Year)

8 / / 2018

☐ CONTINUING ACTION

Name and Position Title of person(s) who did the harm:

Manuel Jesus Alaniz (Manager)

Joe Hernandez (Dispatch)

Alvin Chapelle (Driver)

Joseph Rohman AKA Red (Central Dispatcher)

Did you complain of discrimination to your employer? ☒ Yes ☐ No

If Yes, date of complaint: / / (Month/Day/Year)

Name and Position Title of person(s) you complained to:

Malinda Feola-human Resource Manager

Explain why you believe the employment harm(s) and/or action(s) were discriminatory:

Because of the color discrimination, Gender discrimination, Sexual harassment & lack of fairty when it comes to Scheduling. The More I Inquire about fairness, the Worst it got.

Employer's reason for its action:

I was suspended for 3 days for becoming very defensive during a radio conversation with Joe Hernandez after reporting his Sexual behavior.

Are there other employees treated more fairly than you? ☒ Yes ☐ No

If Yes, please provide the information below:

Full Name and Position Title *All are drivers except Joe *

Alvin Chapelle

Joseph Hernandez

Warren Williams

Chavez

Gomez

Ramirez

Omar

Scott Pittre, etc.

(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)

wards Me. & continuously reported this
Man to (DR) Malinda Joola & (Plant Manager)
Manuel Alaniz, nothing was done. I
became defensive on the radio & text, I
get Suspended.

What are you seeking as a resolution to your case? Lawsuit

What is the most convenient method to contact you:
☒ Email: tsandolph3@gmail.com ☒ Telephone: (254) 761-0305

Twyla Sandolph Signature Aug 26, 2018 Date